Health,	CHERMON C 40ES	THE DIVISION OF HEALTH OF MISSOURI	37883			
& Welfare Public	FILED NOV 5 1957	STANDARD CERTIFICATE OF DEATH	ILE NUMBER			
Service	Registration District No. 318 Primary Registration District No. 1003 Registrar's N10213					
5. 300 1–57 D	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If insti	rution: Residence before odmission)			
	b. CITY (If outside corporate limits, give TOWN OR TOWN ST. LOUIS, MO	ISHIP only) Inside Limits C. CITY OR St. Louis, TOWN	Inside Limits Yes No			
	c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b 4 STREET (If outside, give location) Reside on Form ADDRESS 1434 Fast Obear Avenue Yes No No					
coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. sses in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE	3. NAME OF DECEASED First (Type or print) ARTHUR	Middle Last 4. DATE Month OF DEATH OCT. 2	Day Year			
		AARRIED NEVER MARRIED FEBRUARY 29, 1876 9. AGE (In years FUNDE language) Months	R I YEAR IF UNDER 24 HRS. Days Hours Min.			
		KIND OF BUSINESS OR 11. BIRTHPLACE (City and state or country) 12. CITY CONTROL OF COUNTRY St. Louis, Missouri	U.S.A.			
	13d FATHER'S NAME John J. Moran	13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR N Praderi 6kg (unknown) ? Deceased	NFE			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes to or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT Address	Grahd Avenue			
		25 giration preumanitis of unter	INTERVAL BETWEEN ONSET AND PEATH			
	Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) L	ex	1000			
	0	S CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) $578 imes$	19. WAS AUTOPSY PERFORMED? YES A NO			
	206. ACCIDENT SUICIDE HOMICIDE 206	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of ite	m 18.)			
	20c. TIME OF . Hour Month, Day, Year INJURY o.m.					
	WHILE AT NOT WHILE Torm, factory, street, office bidg., etc.)					
	21. I attended the deceased from 10/29/57 , to 10/29/57 and last saw her alive on 10/29/57 Death occurred at 7:20 A 11/29/57 m on the date stated above; and to the best of my knowledge, from the causes stated.					
Doctor, corem All diseases	220. SIGNATURE (Deg	Martin M. 5 22b. ADDRESS 1515 LAFAYETTE AVE.	10/29/57.			
-	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (\$1010) REMOVAL (Specify) October 31,1957 Calvary Cemetery St. Louis, Missouri					
	24. FUNERAL DIRECTOR ADDRES		with mo			
		(Licensed Embalmer's Statement on Reverse Side)				

icensed Embalmer No.....

STATEMENT BY LICENSED EMBALMER

	I hereby certify that the body whose name is recorded	on the reverse side	of this ce	rtificate was	embalm
Œ	by me, or by	Stu	dent Emba	almer No	
			1	1	

Student Signature of Student Embalmer

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.